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Form

990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
SOUTH JERSEY HEALTH SYSTEM INC  
Doing Business As  
Number and street (or P O box if mail is not delivered to street address)  
333 IRVING AVENUE  
Room/suite  
City or town, state or country, and ZIP + 4  
BRIDGETON, NJ 08302

D Employer identification number  
22-2508425  
E Telephone number  
(856) 641-8610  
G Gross receipts \$ 6,420,782

F Name and address of principal officer  
CHESTER B KALETKOWSKI  
333 IRVING AVENUE  
BRIDGETON, NJ 08302

H(a) Is this a group return for affiliates?  
☐ Yes ☒ No  
H(b) Are all affiliates included?  
☐ Yes ☐ No  
If "No," attach a list (see instructions)  
H(c) Group exemption number

I Tax-exempt status  
☒ 501(c) ( 3 ) ☐ (Insert no )  
☐ 4947(a)(1) or ☐ 527

J Website:  
WWW SJHS COM

K Form of organization  
☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1983

M State of legal domicile NJ

Part I Summary

Activities & Governance  
1 Briefly describe the organization's mission or most significant activities  
THE ORGANIZATION IS THE PARENT ENTITY OF A TAX-EXEMPT NOT-FOR-PROFIT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES SOUTH JERSEY HOSPITAL, INC  
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  
3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 1  
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4  
5 Total number of employees (Part V, line 2a) . . . . . 5  
6 Total number of volunteers (estimate if necessary) . . . . . 6  
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a  
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . . 7b

Revenue  
8 Contributions and grants (Part VIII, line 1h) . . . . .  
9 Program service revenue (Part VIII, line 2g) . . . . .  
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .  
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .  
Prior Year Current Year  
0 0  
1,182,849 1,079,143  
0 44,686  
1,182,849 1,123,829

Expenses  
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .  
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .  
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  
b Total fundraising expenses (Part IX, column (D), line 25)   
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .  
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  
19 Revenue less expenses Subtract line 18 from line 12 . . . . .  
0 0  
3,937,967 710,610  
3,937,967 710,610  
-2,755,118 413,219

Net Assets or Fund Balances  
20 Total assets (Part X, line 16) . . . . .  
21 Total liabilities (Part X, line 26) . . . . .  
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .  
Beginning of Current Year End of Year  
34,205,175 35,442,700  
19,562,634 17,080,903  
14,642,541 18,361,797

Part II Signature Block

Sign Here  
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  
Signature of officer Date  
JOHN A DIANGELO cfo Type or print name and title

Paid Preparer's Use Only  
Preparer's signature Scott Mariani Date Check if self-employed  
Firm's name (or yours if self-employed), address, and ZIP + 4 EIN  
Phone no

**1** Briefly describe the organization's mission

THE ORGANIZATION IS THE PARENT ENTITY OF A TAX-EXEMPT NOT-FOR-PROFIT INTEGRATED HEALTHCARE DELIVERY SYSTEM IN NEW JERSEY WHICH INCLUDES SOUTH JERSEY HOSPITAL, INC , A RELATED INTERNAL REVENUE CODE SECTION 501 (C)(3) TAX-EXEMPT ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE COMMUNITY AND ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SHCEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code 900,099 ) (Expenses \$ 639,550 including grants of \$ 0 ) (Revenue \$ 0 )

EXPENSES INCURRED IN FUNCTIONING AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH INCLUDES SOUTH JERSEY HOSPITAL, INC , A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )








**4d** Other program services (Describe in Schedule O )

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 639,550</b>
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
Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . .</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . .</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . .</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . .</i> 	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i> 	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . .</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	3	
		1b	0	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	Yes
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	0	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	No
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	11	
b	Enter the number of voting members that are independent . . .	1b	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶NJ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JOHN A DIANGELO 333 IRVING AVENUE BRIDGETON, NJ 08302 (856) 641-8610

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year Use Schedule J-2 if additional space is needed

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization’s **current** key employees See instructions for definition of "key employee "
- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors , institutional trustees , officers , key employees , highest compensated employees , and former such persons

☒ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUSSELL GILLESPIE CHAIRMAN - TRUSTEE	3 0	X		X				0	0	0
PETER GALETTO JR VICE CHAIRMAN - TRUSTEE	3 0	X		X				0	0	0
HERBERT C DEININGER SECRETARY - TRUSTEE	3 0	X		X				0	0	0
HARRY E HEARING TREASURER - TRUSTEE	3 0	X		X				0	0	0
RICHARD E BECK MD TRUSTEE	3 0	X						0	0	0
EDGAR HATHAWAY JR ESQ TRUSTEE	3 0	X						0	7,184	0
CHESTER B KALETKOWSKI TRUSTEE, EX-OFFICIO - PRES /CEO	3 0	X		X				0	618,187	420,916
MICHAEL M ROSSI III TRUSTEE, EX-OFFICIO	3 0	X						0	0	0
JAMES M SEABROOK TRUSTEE	3 0	X						0	0	0
GARY F SIMMERMAN TRUSTEE	3 0	X						0	0	0
JOHN B WHITEWAY TRUSTEE	3 0	X						0	0	0
JOHN A DIANGELO ASST TREASURER/SENIOR VP/CFO	3 0			X				0	424,944	88,279
ROBERT M DANGEL ESQ ASST SECRETARY/GEN COUNSEL	3 0			X				0	305,752	72,017
WAYNE C SCHIFFNER EXECUTIVE VICE PRESIDENT/COO	3 0			X				0	458,068	155,885



1b	Total	0	1,814,135	737,097
----	-------	---	-----------	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
ALLIED BARTON SECURITY SERVICES PO BOX 828854 PHILADELPHIA, PA 19182	SECURITY	112,309
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶1		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .			0		
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			0		
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,088,516		0
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties . . . . .		0			
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses	332,266				
c		Rental income or (loss)	287,580				
d		Net rental income or (loss) . . . . .	44,686		44,686		44,686
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses	5,000,000				
c		Gain or (loss)	3,360	5,006,013			
d		Net gain or (loss) . . . . .	-3,360	-6,013	-9,373		-9,373
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from fundraising events . . .		0			
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . .		0			
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . .		0				
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			0			
12	Total revenue. See Instructions . . . . .			1,123,829		0	1,123,829

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	0			
10	Payroll taxes . . . . .	0			
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	58,476	52,628	5,848	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	29,314	26,383	2,931	
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	14,733	13,260	1,473	
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	173,940	156,546	17,394	
17	Travel . . . . .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	88,464	79,618	8,846	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	9,800	8,820	980	
23	Insurance . . . . .	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	UTILITIES	144,261	129,835	14,426	
b	REAL ESTATE TAX	109,263	98,337	10,926	
c	ADMINISTRATION ALLOCATION	43,260	38,934	4,326	
d	OUTSIDE SERVICES	11,033	9,930	1,103	
e	EQUIPMENT REPAIR	8,321	7,489	832	
f	All other expenses	19,745	17,770	1,975	0
25	Total functional expenses. Add lines 1 through 24f	710,610	639,550	71,060	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			0	1	2,391,870
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			0	9	2,495
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	4,406,923	4,160,757	10c	4,273,159
	b	Less accumulated depreciation . . . . .	10b	133,764			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .			30,038,928	13	28,775,176
	14	Intangible assets . . . . .			5,490	14	0
	15	Other assets. See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			34,205,175	16	35,442,700
Liabilities	17	Accounts payable and accrued expenses . . . . .			167,527	17	199,914
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			17,008,312	23	14,296,531
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			2,386,795	25	2,584,458
	26	Total liabilities. Add lines 17 through 25 . . . . .			19,562,634	26	17,080,903
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			14,642,541	27	18,361,797
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			14,642,541	33	18,361,797
	34	Total liabilities and net assets/fund balances . . . . .			34,205,175	34	35,442,700

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization SOUTH JERSEY HEALTH SYSTEM INC	Employer identification number 22-2508425
------------------------------------------------------------	----------------------------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☒

Type III - Other

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☒

g

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	Yes	No
(ii) a family member of a person described in (i) above?	11g(ii)	No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	No

h

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
SOUTH JERSEY HOSPITAL INC	210634484	03		No	Yes		Yes		0
Total									0

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
SOUTH JERSEY HEALTH SYSTEM INC

**Employer identification number**  
22-2508425

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ►\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	
(ii) related organizations . . . . .	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	3b	

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		4,120,683		4,120,683
b Buildings . . . . .		269,863	121,858	148,005
c Leasehold improvements . . . . .				
d Equipment . . . . .		10,252	8,845	1,407
e Other . . . . .		6,125	3,061	3,064
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				4,273,159



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
SOUTH JERSEY HEALTH SYSTEM INC

Employer identification number  
22-2508425

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

**Schedule J (Form 990) 2009**

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2009 FORM W-2, AS TAXABLE WAGES: CHESTER B. KALETKOWSKI, \$369,789; JOHN A. DIANGELO, \$54,398; ROBERT M. D'ANGELO, ESQ., \$26,497; AND WAYNE C. SCHIFFNER, \$114,687.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7	THE FOLLOWING INDIVIDUALS RECEIVED A BONUS DURING CALENDAR YEAR 2009 WHICH BONUS AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2009 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: CHESTER B. KALETKOWSKI, \$112,295; JOHN A. DIANGELO, \$78,923; ROBERT M. D'ANGELO, ESQ., \$32,814; AND WAYNE C. SCHIFFNER, \$78,742.
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN B (III)	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J OF THIS FEDERAL FORM 990 RECEIVED COMPENSATION WITH RESPECT TO PAID TIME OFF, WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) HEREIN AND IN EACH INDIVIDUAL'S 2009 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.



SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
SOUTH JERSEY HEALTH SYSTEM INC

Employer identification number  
22-2508425

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>SOUTH JERSEY HEALTH SYSTEM, INC IS A NOT FOR-PROFIT HOLDING COMPANY BASED IN BRIDGETON, NEW JERSEY SOUTH JERSEY HEALTH SYSTEM, INC IS THE SOLE CORPORATE MEMBER OF VARIOUS NOT FOR-PROFIT AND FOR-PROFIT ENTITIES THE INTERNAL REVENUE SERVICE HAS RECOGNIZED SOUTH JERSEY HEALTH SYSTEM, INC AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) SOUTH JERSEY HEALTH SYSTEM, INC IS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM BACKGROUND ===== SOUTH JERSEY HOSPITAL, INC ("SJH") IS A PROVIDER OF GENERAL ACUTE AND AMBULATORY HEALTHCARE SERVICES BASED IN CUMBERLAND AND SALEM COUNTY, NEW JERSEY SJH IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, SJH PROVIDES HEALTH CARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, SJH OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 SJH PROVIDES HEALTH CARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 SJH OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 SJH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, AND 4 CONTROL OF SJH RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF SOUTH JERSEY HEALTHCARE SYSTEM BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY THE OPERATIONS OF SJH, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF SJH IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY SJH PROVIDES HEALTH CARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY MOREOVER, SJH PROVIDES HEALTH CARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES SJH MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS CHARITY CARE POLICY AS THE SOLE PROVIDER OF ESSENTIAL HEALTH SERVICES, SOUTH JERSEY HEALTHCARE (SJH) PROVIDES AN ESSENTIAL SAFETY NET FOR OUR COMMUNITIES, ASSURING THAT PATIENTS RECEIVE BOTH THE CARE AND FINANCIAL HELP THEY NEED SJH IS THE AREA'S ONLY NON-PROFIT HEALTH SYSTEM AND MAJOR PROVIDER OF CHARITY CARE FOR FAMILIES WITHOUT HEALTH INSURANCE SJH IS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM COMPRISED OF HOSPITALS, COMMUNITY HEALTH CLINICS, HOME HEALTH SERVICES, AND SPECIALTY SERVICES THAT SERVE THE HEALTH CARE NEEDS OF OUR COMMUNITY PATIENT STATISTICAL INFORMATION -----</p> <p>----- SJH PROVIDES CARE TO A PATIENT BASE SPREAD OUT OVER FIVE SOUTHERN NEW JERSEY COUNTIES, ACCOUNTING FOR OVER 376,000 PERSONS WITH FACILITIES IN BOTH CUMBERLAND AND SALEM COUNTIES, SJH SERVES AS THE ONLY NOT-FOR-PROFIT ACUTE CARE FACILITY IN BOTH OF THOSE COUNTIES SJH IS COMPRISED OF TWO ACUTE CARE FACILITIES AND TWO HOSPITAL--BASED AMBULATORY CARE CENTERS THE SOUTH JERSEY HEALTHCARE REGIONAL MEDICAL CENTER, LOCATED IN VINELAND, CUMBERLAND COUNTY, NEW JERSEY, IS A 325 BED ACUTE CARE FACILITY WITH 55 PSYCHIATRICS BEDS LOCATED AT THE SOUTH JERSEY HEALTHCARE - BRIDGETON HEALTH CENTER AND THE SOUTH JERSEY HEALTHCARE - ELMER HOSPITAL IS A 96-BED ACUTE CARE FACILITY LOCATED IN ELMER, SALEM COUNTY, NEW JERSEY ADDITIONALLY, SJH PROVIDES AMBULATORY SERVICES AT TWO LOCATIONS IN CUMBERLAND COUNTY SOUTH JERSEY HEALTHCARE - BRIDGETON HEALTH CENTER AND THE SOUTH JERSEY HEALTHCARE - VINELAND HEALTH CENTER THESE AMBULATORY CARE CENTERS PROVIDE A WIDE RANGE OF DIAGNOSTIC AND THERAPEUTIC SERVICES, INCLUDING A 24/7 SATELLITE EMERGENCY DEPARTMENT AND CHRONIC DIALYSIS SERVICES AT THE SJH-BRIDGETON HEALTH CENTER, PHYSICAL REHABILITATION SERVICES, OCCUPATIONAL MEDICINE, LABORATORY, AND RADIOLOGY SERVICES CUMULATIVELY, SJH SEES OVER 21,000 INPATIENT ADMISSIONS, MORE THAN 102,000 EMERGENCY ROOM VISITS, PERFORMS OVER 650,000 OUTPATIENT TESTS AND CARES FOR OVER 2,500 BIRTHS PER YEAR QUALITY AWARDS AND RECOGNITION ----- IN ADDITION TO PROVIDING A WIDE SCOPE OF SERVICES, SJH TAKES GREAT PRIDE IN PROVIDING HIGH QUALITY, PATIENT FOCUSED CARE TO ITS COMMUNITIES THESE EFFORTS HAVE BEEN RECOGNIZED AT BOTH A LOCAL AND NATIONAL LEVEL THROUGH A VARIETY OF AWARDS, RECOGNITIONS AND ACCREDITATIONS, WHICH INCLUDE IN 2009, SJH SUCCESSFULLY RECEIVED ACCREDITATION FOR BOTH ELMER HOSPITAL AND THE REGIONAL MEDICAL CENTER FROM DNV, A HOSPITAL ACCREDITATION PROGRAM APPROVED BY US CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) SJH FITNESS CONNECTION RECEIVED ACCREDITATION FROM THE MEDICAL FITNESS ASSOCIATION SJH LABORATORIES RECEIVED NATIONAL ACCREDITATION FROM THE COLLEGE OF AMERICAN PATHOLOGISTS SJH BLOOD BANKS EARNED ACCREDITATION FROM THE AMERICAN ASSOCIATION OF BLOOD BANKS GOLD SEAL OF APPROVAL FOR STROKE AND HEART FAILURE CARE - THE SJH REGIONAL MEDICAL CENTER EARNED ITS DISEASE-SPECIFIC CARE CERTIFICATION FOR HEART FAILURE CARE AND ITS PRIMARY STROKE CENTER CERTIFICATION FROM THE JOINT COMMISSION PRIMARY STROKE CENTER DESIGNATION FOR RMC - THE SJH RMC IS THE FIRST HOSPITAL IN CUMBERLAND, SALEM, GLOUCESTER AND CAPE MAY COUNTIES TO BE CERTIFIED AS A PRIMARY STROKE CENTER BY THE NJ DEPT OF HEALTH AND SENIOR SERVICES (NJDHSS) THE DESIGNATION IS BASED UPON THE RMC'S ADVANCED CAPABILITIES AND PROTOCOLS FOR THE RAPID AND EFFECTIVE DIAGNOSIS AND TREATMENT OF STROKE PATIENTS PRIMARY STROKE CENTER DESIGNATION FOR ELMER - ELMER HOSPITAL JOINED SJH RMC AS A STATE-DESIGNATED PRIMARY STROKE CENTER TO EARN THE DESIGNATION, THE HOSPITAL HAD TO DEMONSTRATE THE ABILITY TO CONSISTENTLY PROVIDE STROKE PATIENTS WITH A STANDARD OF CARE THAT MEETS RECOGNIZED GUIDELINES THAT LEAD TO IMPROVED OUTCOMES BARIATRIC SURGERY CENTER OF EXCELLENCE - SJH REGIONAL MEDICAL CENTER HAS BEEN NAMED AN AMERICAN SOCIETY FOR BARIATRIC (WEIGHT-LOSS) SURGERY (ASBS) BARIATRIC SURGERY CENTER OF EXCELLENCE THIS DESIGNATION RECOGNIZES SURGICAL PROGRAMS WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM - IN 2006 AND 2009, SJH CANCER SERVICES WAS RECOGNIZED BY THE COMMISSION ON CANCER (COC) OF THE AMERICAN COLLEGE OF SURGEONS (ACOS) FOR THREE-YEAR APPROVAL WITH COMMENDATION THIS APPROVAL, THE HIGHEST DESIGNATION THAT CAN BE EARNED BY A COMMUNITY HOSPITAL, MAKES SJH CANCER SERVICES THE ONLY PROGRAM IN SALEM, CUMBERLAND, AND GLOUCESTER COUNTIES TO HOLD THIS DISTINCTION THE RECOGNITION, THE PRODUCT OF A RIGOROUS ON-SITE SURVEY, ENSURES THAT APPROVED PROGRAMS PROVIDE ACCESS TO QUALITY CARE CLOSE TO HOME IN 2009, SJH TUMOR REGISTRY AND ONCOLOGY PROGRAM RECEIVED AMERICAN COLLEGE OF SURGEONS THREE-YEAR APPROVAL OUTSTANDING ACHIEVEMENT AWARD - FOR THE SECOND TIME, SJH CANCER SERVICES WAS HONORED WITH THE OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS-COMMISSION ON CANCER THE AWARD IS SIGNIFIES THAT THE CANCER PROGRAM EXCEEDED SEVEN CORE STANDARDS AND MET OR EXCEEDED ALL OF THE STANDARDS SET FORTH BY THE COMMISSION ON CANCER ONLY 18 PERCENT OF CANCER PROGRAMS SURVEYED IN 2009 EARNED THE AWARD MAGNET AWARD - SJH HAS BEEN AWARDED MAGNET RECOGNITION FOR NURSING EXCELLENCE, ONE OF THE HIGHEST LEVELS OF RECOGNITION A HOSPITAL OR MEDICAL CENTER CAN ACHIEVE RECEIVING MAGNET DESIGNATION FROM THE AMERICAN NURSING CREDENTIALING CENTER (ANCC) PLACES SOUTH JERSEY HEALTHCARE AMONG AN ELITE GROUP OF HOSPITALS ACROSS THE COUNTRY (LESS THAN 5 PERCENT CAN CLAIM THE DISTINCTION AND ONLY 22 HOSPITALS IN NEW JERSEY CURRENTLY HAVE MAGNET STATUS) WE ARE THE ONLY HEALTH SYSTEM IN THE STATE TO HAVE THREE FACILITIES APPRAISED BY THE ANCC DURING A SINGLE VISIT AND RECEIVE MAGNET RECOGNITION FOR ALL THREE SITES THE ACHIEVEMENT DEMONSTRATES SOUTH JERSEY HEALTHCARE'S COMMITMENT TO QUALITY, BEST PRACTICES, EVIDENCE-BASED CARE, PATIENT SAFETY AND SERVICE EXCELLENCE EXCELLENCE THROUGH INSIGHT AWARD - SJH ELMER HOSPITAL HAS BEEN RECOGNIZED WITH AN EXCELLENCE THROUGH INSIGHT AWARD BY HEALTHSTREAM RESEARCH FOR "OVERALL OUTPATIENT SATISFACTION" THE HOSPITAL WAS AWARDED THIS HONOR FOR ITS COMMITMENT TO EXCELLENT PATIENT SATISFACTION IN SEVERAL DEPARTMENTS INCLUDING SAME-DAY SURGERY, RADIOLOGY, CARDIAC AND PULMONARY REHABILITATION, LABORATORY AND THE ENDOSCOPY UNIT</p>



Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>CARDIAC CATHETERIZATION SJH RMC LOW RISK CARDIAC CATHERIZATION LAB SUCCESSFULLY ACHIEVED OR SURPASSED ALL THE NECESSARY CRITERIA TO BE DESIGNATED AS A FULL-SERVICE DIAGNOSTIC FACILITY IN 2007 THIS HIGHER DESIGNATION ALLOWS SJH TO OFFER CATHETERIZATION SERVICES TO CARDIAC PATIENTS REGARDLESS OF THE SEVERITY OF THEIR ILLNESS UPON OPENING, ALL NEW CATH LABS ARE LIMITED TO "LOW RISK" PATIENTS, BUT WITH FULL SERVICE STATUS, PATIENTS THAT ONCE HAD TO LEAVE THE SERVICE AREA FOR CARDIAC SERVICES CAN BE TREATED AT THE RMC A CENTER OF EXCELLENCE FOR BARIATRIC SURGERY -----</p> <p>-- SOUTH JERSEY HEALTHCARE REGIONAL MEDICAL CENTER HAS BEEN NAMED AN AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS) BARIATRIC SURGERY CENTER OF EXCELLENCE THE ASBS CENTER OF EXCELLENCE DESIGNATION RECOGNIZES SURGICAL PROGRAMS WITH A DEMONSTRATED TRACK RECORD OF FAVORABLE OUTCOMES IN BARIATRIC SURGERY TO EARN A CENTER OF EXCELLENCE DESIGNATION, THE SJH REGIONAL MEDICAL CENTER UNDERWENT A SERIES OF SITE INSPECTIONS DURING WHICH ALL ASPECTS OF THE PROGRAM'S SURGICAL PROCESSES WERE CLOSELY EXAMINED AND DATA ON HEALTH OUTCOMES WAS COLLECTED</p> <p>MATERNAL AND CHILD HEALTH ----- HOSPITAL-BASED MATERNITY SERVICES ARE OFFERED AT BOTH ELMER AND THE RMC THE WOMEN'S AND CHILDREN'S INPATIENT CARE CENTER IS LOCATED ON THE FIRST FLOOR OF THE RMC AND OFFERS A LDRP (LABOR, DELIVERY, RECOVERY AND POST-PARTUM) ROOM CONFIGURATION THAT PERMITS A MOTHER TO CHOOSE WHETHER SHE WISHES TO HAVE HER BABY STAY IN THE SAME ROOM WITH HER DURING HER STAY OR HAVE FAMILY MEMBERS STAY WITH HER SJH OFFERS THE SERVICES OF MIDWIVES AND THE USE OF BIRTHING JACUZZIS WITH RESPECT TO NURSERY CARE, SJH OFFERS FULL LEVEL II - INTERMEDIATE SERVICE AT THE RMC IN 2009, SJH RECEIVED A CERTIFICATE OF NEED (CN) TO ADD 6 CPC LEVEL IIIA BEDS (STATE-MANDATED MINIMUM, PER NJAC 8 33C-2 9(B)) EXPANSION PLANS FOR THE COMMUNITY PERINATAL CENTERS INTENSIVE (NICU-LEVEL IIIA) ARE IN PROGRESS WITH ANTICIPATED COMPLETION IN 2011 THE MATERNITY CARE UNIT AT ELMER, WHICH OPENED IN 2003, OFFERS COMPREHENSIVE FETAL TESTING AND IMMUNIZATION SERVICES, C-SECTION FACILITIES AND RECOVERY ROOM, BREASTFEEDING AND INFANT CARE EDUCATION, AND EASY ACCESS TO HOSPITAL DEPARTMENTS FOR DIAGNOSTIC SCREENING EACH OF THE FIVE LDRP SUITES AT ELMER'S MATERNITY CARE UNIT IS DESIGNED WITH A PRIVATE BATHROOM, FOUR OF THE FIVE HAVE WHIRLPOOL TUBS AND THE FIFTH HAS A BIRTHING TUB</p> <p>NEUROSURGERY ----- SJH COMPLETED A MARKET STUDY WHICH SHOWED THAT 90% OF VOLUME IN SJHS PRIMARY SERVICE AREA LEFT THE AREA TO RECEIVE NEUROSURGICAL SERVICES IN 2006, SJH RECRUITED A BOARD CERTIFIED NEUROSURGEON WHICH ALLOWS SJH TO OFFER A BROAD RANGE OF NEUROSURGICAL SERVICES, INCLUDING CARE FOR INTERCRANIAL BLEEDING, SPINAL SURGERY, AND CARE FOR STROKE PATIENTS WITH THE SERVICES AT THE RMC</p> <p>UROLOGY ----- IN 2009, SJH RECRUITED A BOARD CERTIFIED UROLOGIST, FELLOWSHIP TRAINED IN PROSTATE CANCER CARE AND A UROGYNECOLOGIST WHO SPECIALIZES IN UROGYNECOLOGY AND PELVIC RECONSTRUCTION SURGERY</p> <p>CHRONIC KIDNEY DISEASE CLINIC -----</p> <p>----- IN 2009, SJH OPENED A CHRONIC KIDNEY DISEASE (CKD) CLINIC IN BRIDGETON, AN EARLY DETECTION AND EDUCATION PROGRAM DESIGNED TO PROLONG OR PREVENT PATIENTS FROM NEEDING DIALYSIS THE CKD PROGRAM AT SJH IS ONE OF TWO PROGRAMS OF ITS KIND AVAILABLE IN THE STATE OF NEW JERSEY</p> <p>ONCOLOGY ----- SJH RECRUITED PHYSICIANS TO THE MEDICAL STAFF SPECIALIZING IN GYNECOLOGIC ONCOLOGY AND ONCOLOGIC BREAST SURGERY THESE SPECIALIZED CARE SERVICES WERE NEVER BEFORE AVAILABLE IN OUR COMMUNITY AND ARE NOW AVAILABLE LOCALLY</p> <p>SJH SPORTS REHABCARE ----- IN 2005, SJH REHABCARE ADDED A NEW OUTPATIENT SPORTS THERAPY CENTER THAT FOCUSES ON SPORTS RELATED INJURIES THE SPECIALISTS AT SJH SPORTS REHABCARE WORK CLOSELY WITH ORTHOPEDIC SURGEONS TO ASSIST PATIENTS WITH THE REHABILITATION AND TREATMENT OF ARTHROSCOPIC PROCEDURES, TOTAL JOINT REPLACEMENTS FOR HIP AND KNEE, INTRICATE HAND AND FOOT SURGERY AND SPECIALIZED SPINE PROCEDURES</p> <p>MENTAL HEALTH SERVICES ----- SJH OFFERS A BROAD RANGE OF MENTAL HEALTH SERVICES SJH BEHAVIORAL HEALTH SERVICES HAS 55 ACUTE CARE PSYCHIATRIC BEDS PROVIDING INPATIENT SERVICES FOR BOTH THE ADULT AND CHILD/ADOLESCENT POPULATIONS THROUGHOUT THE SOUTHERN NEW JERSEY REGION RECENTLY, SJH ADDED A 12-BED CHILD/ADOLESCENT INTERMEDIATE CARE UNIT THAT ALLOWS SJH TO PROVIDE SERVICES TO THE DISPLACED PATIENTS PREVIOUSLY RECEIVING CARE AT THE ARTHUR BRISBANE CHILD TREATMENT CENTER THIS UNIT, FUNDED THROUGH A GRANT PROVIDED BY THE DEPARTMENT OF HUMAN SERVICES, OPENED IN APRIL OF 2006</p> <p>ADDITIONALLY, SJH OFFERS A WIDE RANGE OF OUTPATIENT MENTAL HEALTH SERVICES, INCLUDING PARTIAL DAY PROGRAMS AND ACCESS TO OUTPATIENT COUNSELING SERVICES SJH BRIDGETON HEALTH CENTER ADDED AN INTENSIVE OUTPATIENT PROGRAM TO THE CONTINUUM OF MENTAL HEALTH SERVICES OFFERED TO CUMBERLAND AND SALEM COUNTY RESIDENTS THE ADULT INTENSIVE OUTPATIENT PROGRAM (IOP) OFFERS NEW SERVICES PROVIDED AT SJH BRIDGETON HEALTH CENTER THAT ARE DESIGNED SPECIFICALLY FOR PATIENTS WHO ARE EXPERIENCING PSYCHIATRIC OR EMOTIONAL DIFFICULTIES, BUT DO NOT OR NO LONGER NEED THE LEVEL OF CARE OFFERED BY INPATIENT OR PARTIAL CARE HOSPITALIZATION PROGRAMS THE PROGRAM SEES PATIENTS 18 YEARS AND OLDER WHO TRADITIONALLY ATTEND TWO TO THREE TIMES A WEEK FOR THREE HOURS PER VISIT THE GOAL OF INTENSIVE OUTPATIENT THERAPY IS TO EMPOWER EACH PERSON TO LEARN AND EXPERIENCE NEW WAYS TO COPE WITH STRESS, ANXIETY, AND DEPRESSION THE DEDICATED TEAM OF SJH MENTAL HEALTH PROFESSIONALS OFFERS A VARIETY OF SERVICES INCLUDING COMPREHENSIVE PATIENT ASSESSMENTS, EDUCATION, INDIVIDUAL, FAMILY AND GROUP THERAPY AS WELL AS A LINKAGE TO ONGOING CLINICAL AND SUPPORT SERVICES THE IOP PROGRAM ALSO PROVIDES ACCESS TO A 24/7 CONTACT LINE THAT WILL CONNECT PEOPLE WITH SJH MENTAL HEALTH STAFF</p> <p>SJH LIFE -----</p> <p>----- IN 2009, SJH RECEIVED APPROVAL FOR A NEW PACE (PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY) PROGRAM SJH LIFE WILL PROVIDE ALL-INCLUSIVE HEALTH AND LONG TERM CARE SERVICES TO AREA SENIORS THROUGHOUT CUMBERLAND, GLOUCESTER AND SALEM COUNTIES</p> <p>COMMUNITY BENEFIT EFFORTS ----- IN ITS ROLE AS THE SOLE NOT-FOR-PROFIT ACUTE CARE PROVIDER IN CUMBERLAND AND SALEM COUNTIES, SJH AND THE OTHER ENTITIES UNDER ITS PARENT, SJHS, PROVIDES AND PARTICIPATES IN A NUMBER OF SERVICES AND PROGRAMS IN OUR COMMUNITY FROM COMMUNITY EDUCATION TO PARTICIPATION IN COMMUNITY-FOCUSED GROUPS, SJH PROVIDES A WIDE RANGE OF SERVICE BENEFITING THE COMMUNITY</p> <p>COMMUNITY HEALTH EDUCATION ----- SJH PROVIDES A NUMBER OF LECTURES, SEMINARS AND OTHER EDUCATIONAL PROGRAMS FOR OUR COMMUNITY SJH ACHIEVES THIS THROUGH A NUMBER OF VEHICLES</p> <p>SYMPOSIA - BEING PREPARED FOR TOMORROW'S HEALTH CARE CHALLENGES AND SUPPORTING THE CONTINUING EDUCATIONAL NEEDS OF PHYSICIANS AND ALLIED HEALTH PERSONNEL IN THE COMMUNITY, SJH OFFERED CONTINUING MEDICAL EDUCATION PRESENTING THE LATEST ADVANCEMENTS AND LEADING-EDGE RESEARCH AND TREATMENT ON TOPICS SUCH AS CANCER, CRITICAL CARE, NEPHROLOGY, PEDIATRICS AND OBSTETRICS, WHERE MORE THAN 540 PHYSICIANS AND HEALTH CARE PROFESSIONALS FROM OUR COMMUNITY AND ACROSS THE REGION MET TO PARTICIPATE IN THESE PARTICULAR IN-DEPTH DISCUSSIONS</p> <p>GARDEN AHEC EDUCATIONAL CONFERENCES - GARDEN AHEC IS A PROGRAM AFFILIATED WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY, SCHOOL OF OSTEOPATHIC MEDICINE WHICH FACILITATES IMPROVED COMMUNITY HEALTH OUTCOMES THROUGH COLLABORATIVE INITIATIVES LINKING NEEDS TO EDUCATIONAL RESOURCES TARGETING THE EDUCATIONAL NEEDS OF PRIMARY CARE PROVIDERS, NURSES, SOCIAL WORKERS AND OTHER ALLIED HEALTH PROFESSIONALS IN THE COMMUNITY, GARDEN AHEC OFFERED ACCREDITED CONTINUING EDUCATION PROGRAMS ON TOPICS SUCH AS AUTISM, DERMATOLOGY, DIABETES, DIALYSIS, INFECTIOUS DISEASES, WOUND CARE, MENTAL HEALTH, CHILDHOOD OBESITY, SOCIAL WORK, PEDIATRIC PHARMACOLOGY, TRAUMA PATIENT CARE AND TREATMENT, IMMIGRATION AND HEALTHCARE</p> <p>IN 2009, MORE THAN 550 PROFESSIONALS PARTICIPATED IN 10 EDUCATIONAL CONFERENCES</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>GARDEN AHEC EDUCATIONAL PROGRAMS - IN PARTNERSHIP WITH THE BOY SCOUTS OF AMERICA, GARDEN AHEC'S MEDICAL EXPLORERS PROGRAM PROVIDES AN OPPORTUNITY FOR TEENS INTERESTED IN MEDICAL CAREERS TO INTERACT WITH PHYSICIANS AND NURSES, LEARN VARIOUS CAREERS AND EXPERIENCE REALISTIC PORTRAYALS OF SPECIALTY AREAS SUCH AS NIGHT IN THE OR CUMBERLAND ENTEPRISE ZONE 21ST CENTURY COMMUNITY LEARNING CENTER PROGRAM OFFERS AFTER SCHOOL AND SUMMER COURSES IN NUTRITION, FITNESS, HEALTHY LIFESTYLES, CAREERS IN HEALTHCARE AND A POSITIVE YOUTH DEVELOPMENT PROGRAM FOCUSING ON PSYCOSOCIAL TEEN HEALTH TOPICS PROGRAM IS OFFERED TO UNDERPRIVILEGED AND MINORITY MIDDLE &amp; HIGH SCHOOL STUDENTS HEALTH PROFESSIONALS EDUCATION - EDUCATION HELPS PREPARE THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS, WHICH IS WHY WE STRONGLY SUPPORT MEDICAL EDUCATION AT ALL ACADEMIC LEVELS AND FIND INNOVATIVE WAYS TO INSPIRE YOUNG PEOPLE TO PURSUE CAREERS IN A WIDE VARIETY OF MEDICAL FIELDS COMMUNITY MEDICINE ROTATIONS WITH UMDNJ-SOM, UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ SCHOOL OF OSTEOPATHIC MEDICINE, PROVIDE THIRD YEAR MEDICAL STUDENTS A TWO-WEEK ROTATION IN COMMUNITY-BASED AGENCIES AND ORGANIZATIONS TO LEARN ABOUT UNDERSERVED AND CULTURALLY DIVERSE POPULATIONS, INCLUDING BARRIERS TO ACCESSING CARE RESPONDING TO THE NURSING SHORTAGE, SJH FUNDS THE SALARY OF ONE AND HALF NURSING INSTRUCTORS AT A LOCAL COMMUNITY COLLEGE, IN ADDITION TO OFFERING NURSING EDUCATION PROGRAMS, EXTERNSHIPS, INTERNSHIPS, NURSE CAMP AND NURSING SCHOLARSHIPS SJH OFFERS ITS FACILITIES FOR GRADUATE MEDICAL STUDENT ROTATIONS, SOCIAL WORK AND MENTAL HEALTH INTERNSHIPS, DIETETIC INTERNSHIPS AND CLINICAL ROTATIONS FOR NURSING, PHARMACY, EMT, PHYSICAL THERAPY, PODIATRY, RADIOLOGY AND ULTRASOUND SJH MEDICAL STAFF ROUTINELY HOST STUDENTS FOR JOB SHADOWING AND STUDENT OBSERVATIONS IN 2009, MORE THAN 900 STUDENTS UTILIZED OUR FACILITIES FOR INTERNSHIPS, ROTATIONS AND OBSERVATIONS RESIDENCY PROGRAMS - THE INTRODUCTION OF RESIDENCY PROGRAMS IS AN EXCITING NEW STEP IN SJH'S EVOLUTION THESE PROGRAMS OFFER STUDENTS AN ENGAGING EXPERIENCE AND EXPOSE THEM TO A WIDE ARRAY OF EDUCATIONAL OPPORTUNITIES IN OBSTETRICS AND GYNECOLOGY, FAMILY MEDICINE AND PODIATRY THROUGH AN AFFILIATION WITH THE UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY SCHOOL OF OSTEOPATHIC MEDICINE OSTEOPATHIC POSTDOCTORAL TRAINING INSTITUTION, WE ARE ASSISTING IN TRAINING THE PHYSICIANS OF THE FUTURE SCHOOL PROGRAMS ON HEALTH CAREERS - THE HEALTH SYSTEM PROVIDES EDUCATIONAL OPPORTUNITIES AND HOSTS SPECIAL EVENTS, JOB SHADOWING AND PROGRAMS TO MIDDLE AND HIGH SCHOOL STUDENTS WHO ARE INTERESTED IN PURSUING CAREERS IN HEALTHCARE AND MEDICINE NATIONAL YOUTH LEADERSHIP FORUM IS A NATIONAL 10-DAY PROGRAM THAT INTRODUCES OUTSTANDING HIGH SCHOOL STUDENTS TO THE WORLD OF MEDICINE THE FORUM CHALLENGES STUDENTS TO LEARN ABOUT A BROAD RANGE OF TOPICS, INCLUDING EDUCATIONAL REQUIREMENTS, CAREER OPTIONS, CLINICAL PRACTICE, COMPLEX ETHICAL AND LEGAL ISSUES, GLOBAL EPIDEMICS, MEDICAL SPECIALTIES AND PRIMARY CARE WITH CURRENT PHYSICIANS AND PATIENTS IN 2009, 287 STUDENTS AGES 14-20 ENROLLED IN MEDICAL EXPLORERS, A PROGRAM WHICH PROVIDES AN OPPORTUNITY TO INTERACT WITH PHYSICIANS AND NURSES, LEARN VARIOUS CAREERS, EXPERIENCE REALISTIC PORTRAYALS OF SPECIALTY AREAS SUCH AS NIGHT IN THE OR THROUGH COLLABORATIVE INITIATIVES WITH PINELANDS LEARNING CENTER, CUMBERLAND JUVENILE DETENTION CENTER AND HOSTING CAREERS IN HEALTHCARE EVENTS, SJH CONTINUOUSLY PROVIDES AREA STUDENTS WITH A CLOSE UP VIEW OF HEALTHCARE BY INTRODUCING THEM TO A WIDE RANGE OF CAREERS IN HEALTHCARE, INCLUDING CAREERS IN AREAS SUCH AS DIETARY AND TRANSPORTATION TO REACH EVERY AGE GROUP IN THE COMMUNITY, SJH STAFF ALSO EXTENDS HOSPITALS TOURS TO PRESCHOOL AND FIRST GRADERS, AS THEIR PRIMARY INTRODUCTION TO THE HEALTHCARE ENVIRONMENT AND PROMOTION OF HEALTHY LIFESTYLES LECTURES AND COURSES - SJH OFFERS A WEALTH OF PROGRAMS DESIGNED TO EDUCATE THE COMMUNITY ABOUT HEALTHY LIVING LECTURES AND COURSES ARE REGULARLY AVAILABLE ON SUCH TOPICS AS CHILDBIRTH EDUCATION, SIBLING CLASS, BREASTFEEDING, CPR CLASSES, ACLS (ADVANCED CARDIAC LIFE SUPPORT) CLASSES, PALS (PEDIATRIC ADVANCED LIFE SUPPORT) CLASSES, EMS TRAINING, SAFE SITTER AND AARP DRIVER SAFETY SJH HAS BEEN RECOGNIZED FOR ITS EFFORTS IN DIABETES OUTREACH BY OFFERING DIABETES SELF-MANAGEMENT COURSES, DIABETES SUPPORT GROUPS, UNDERSTANDING DIABETES CLASSES, FREE EYE EXAMS FOR DIABETICS AND DISCOUNTED MEMBERSHIPS FOR DIABETES EXERCISE PROGRAMS AT THE FITNESS CONNECTION DIABETES SELF-MANAGEMENT EDUCATION, A COMPREHENSIVE EDUCATION PROGRAM DESIGNED TO HELP RESIDENTS BETTER UNDERSTAND AND MANAGE THEIR DIABETES AND RELATED HEALTH PROBLEMS, INCLUDES AN ASSESSMENT, AN INDIVIDUALIZED MEAL PLAN, EXERCISE RECOMMENDATIONS, MEDICATION INFORMATION AND THE SETTING OF SAFE TARGET RANGES FOR BLOOD SUGAR TESTING THE WIDELY SUCCESSFUL PROGRAM HAD 174 ATTENDEES IN 2009 AND IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION AS MEETING THE NATIONAL STANDARDS FOR DIABETES SELF-MANAGEMENT EDUCATION HEALTH FAIRS AND SCREENINGS - THE HEALTH SYSTEM ALSO REACHES OUT TO THOSE IN OUR COMMUNITY WHO DON'T REGULARLY COME THROUGH THE DOORS OF OUR HOSPITALS SJH PARTICIPATES IN A VARIETY OF HEALTH FAIRS AND COMMUNITY EVENTS TO OFFER VALUABLE HEALTH INFORMATION TO OUR NEIGHBORS IN 2009, MORE THAN 150 WOMEN ATTENDED THE WOMEN'S HEART HEALTH CONFERENCE AND MORE THAN 200 LOCAL WOMEN RECEIVED FREE SCREENINGS AND HEALTH EDUCATION AT SJH WOMEN'S HEALTH EDUCATION DAY IN ADDITION, SJH HOSTED SEVEN SENIOR LUNCHEON CLASSES AND A SENIOR HEALTH EDUCATION DAY FOR BLOOD PRESSURE SCREENINGS, FLU SHOTS AND EDUCATIONAL SESSIONS ON TOPICS WHICH INCLUDED DERRESSION, NUTRITION, TRAVEL VACCINES, HEART HEALTH, FITNESS, EXERCISE, FALL PREVENTION, DIAGNOSTIC RADIOLOGY, STROKE AND WOUND CARE IN RECOGNITION OF STROKE AWARENESS MONTH, SJH HOSTED A STROKE AWARENESS EDUCATION &amp; SCREENING DAY WHICH INCLUDED FREE EDUCATIONAL SESSIONS, BLOOD PRESSURE CHECKS AND STROKE SCREENING TESTS SPEAKERS BUREAU - SJH MAINTAINS AN EXTENSIVE SPEAKERS BUREAU WHICH PROVIDES COMMUNITY GROUPS AND ORGANIZATIONS WITH HEALTH CARE EXPERTS FOR PRESENTATIONS AND SPEAKING ENGAGEMENTS ON A WIDE RANGE OF IMPORTANT HEALTH RELATED SUBJECTS FROM OCCUPATIONAL HEALTH ISSUES SUCH AS DRUGS IN THE WORKPLACE TO TOPICS THAT INCLUDE CANCER, NUTRITION, STROKE, CARDIOVASCULAR HEALTH, DEPRESSION, OBESITY, SPORTS THERAPY, MATERNITY AND PRENATAL CARE, AND MORE SUPPORT GROUPS - TO HELP ADDRESS SOCIAL, PSYCHOLOGICAL OR EMOTIONAL ISSUES RELATED TO DISEASES AND HEALTH ISSUES, SJH OFFERS A VARIETY OF FREE SUPPORT GROUPS THAT INCLUDE, BUT ARE NOT LIMITED TO, ALZHEIMER'S FAMILY CAREGIVER, GRIEF, BREAST CANCER, DIABETES, HEART AND LUNG, PROSTATE CANCER, STROKE, AND FIVE LEVELS OF BARIATRIC SUPPORT GROUPS ADDITIONALLY, SJH DONATES THE USE OF SPACE IN ITS FACILITIES FOR EXTERNAL NONPROFIT ORGANIZATIONS TO HOLD SUPPORT GROUP MEETINGS FOR SUBSTANCE ABUSE SUCH AS ALCOHOLICS ANONYMOUS AND NARCOTICS ANONYMOUS COMMUNITY HEALTH EDUCATION - ACCESS TO QUALITY HEALTH INFORMATION IS IMPORTANT AND SJH PROVIDES A VARIETY OF HEALTHCARE INFORMATION TO THE COMMUNITY ON ITS WEBSITE AND THRU PUBLICATIONS TO THE GENERAL PUBLIC THE COMMUNITY HAS MONTHLY ACCESS TO SJH'S MEDICAL EXPERTS THROUGH PARTNERSHIPS WITH THE LOCAL NEWSPAPERS FEATURING MONTHLY SECTIONS CALLED ASK THE DOCTOR AND HEALTHLINE, WHICH ALLOW READERS TO SUBMIT QUESTIONS AND RECEIVE RESPONSES ABOUT IMPORTANT HEALTH CARE ISSUES ONLINE OR VIA FAX SJH ALSO REACHES OUT TO THE COMMUNITY THROUGH THE NEWSPAPERS MONTHLY HEALTH CONNECTION PUBLICATION, WHICH CONTAINS NEWS AND INFORMATION ABOUT LOCAL HEALTH ISSUES, OPTIONS, TIPS, RESOURCES, SUPPORT GROUPS AND MORE FAMILY &amp; FRIENDS IS A QUARTERLY EXTERNAL PUBLICATION PRODUCED BY SJH OFFERING HEALTH INFORMATION TO PROMOTE HEALTHY LIVING, HEIGHTEN AWARENESS OF HEALTH ISSUES, RECOGNIZE COMMON SYMPTOMS OF DISEASE, ENCOURAGE MEDICAL ATTENTION AND TREATMENT SJH'S WEBSITE OFFERS A WEALTH OF HEALTH INFORMATION TO THE COMMUNITY INCLUDING FREE ACCESS TO LOOK LISTEN &amp; LEARN, AN ONLINE LIBRARY OF EDUCATIONAL VIDEOS COVERING A VARIETY OF MEDICAL CONDITIONS AND PROCEDURES FOCUSING ON UNMET NEED AND HEALTH ASSESSMENTS</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>SJH HAS PARTICIPATED IN COMMUNITY HEALTH NEEDS ASSESSMENTS TO IDENTIFY AND ADDRESS THE UNMET HEALTHCARE NEEDS IN OUR COMMUNITY SJH PARTNERED WITH 18 COMMUNITY ORGANIZATIONS TO FORM A CONSULTATIVE BODY CALLED CUMBERLAND &amp; SALEM COMMUNITY PUBLIC HEALTH PARTNERSHIP, WITH CUMBERLAND AND SALEM COUNTY DEPARTMENTS OF HEALTH TAKING THE ROLE AS LEAD AGENCY THE COLLABORATIVE PARTNERSHIP, WITH TECHNICAL ASSISTANCE FROM AN OUTSIDE CONSULTING FIRM, CONDUCTED FOUR MAPP ASSESSMENTS, FACILITATING THE IDENTIFICATION OF THE COMMUNITY'S HEALTH NEED AND PERCEPTION, FORCES OR TRENDS THAT INFLUENCE THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITY AND STRENGTHS AND WEAKNESSES OF THE LOCAL PUBLIC HEALTH SYSTEM THE MAPP ASSESSMENTS WERE PUBLICLY DISTRIBUTED IN 2007 AND IDENTIFIED THE TOP HEALTH-RELATED ISSUES COMMON TO BOTH COUNTIES THROUGH A PLANNED AND ORGANIZED EFFORT, THE GROUP WORKS COLLECTIVELY TO ADDRESS THE PRIORITIES BY TAPPING THE RESOURCES OF THE COMMUNITY AND COLLABORATING ON INITIATIVES SJH ACTIVELY CONTRIBUTES TO THIS PROCESS AND ENGAGES IN THE IDENTIFIED PRIORITIES THAT MATCH ITS MISSION, EXPERTISE, RESOURCES AND CAPACITY IN ADDITION TO THESE ORGANIZED NEEDS ASSESSMENT EFFORTS, ONGOING COMMUNITY MEETINGS WITH LOCAL PROVIDERS, LOCAL HEALTH DEPARTMENTS, LOCAL POLITICIANS, ORGANIZATIONS AND COMMUNITY LEADERS ARE SPONSORED BY THE HOSPITAL TO DISCUSS THE HEALTH NEEDS OF THE POPULATION ACCESS TO HEALTHCARE AND IMPROVING QUALITY OF HEALTHCARE SJH HAS PARTICIPATED IN AND CONDUCTED A NUMBER OF PROGRAMS TO IMPROVE ACCESS TO HEALTHCARE SERVICES IMPROVING ACCESS TO HEALTHCARE FOR UNINSURED/UNDERINSURED - SJH HAS A PROUD HISTORY OF HELPING RESIDENTS WITHOUT HEALTH INSURANCE GET THE COVERAGE THEY NEED EVERY DAY, THROUGH INDIVIDUAL COUNSELING AND BY JOINING THOUSANDS OF OTHERS HOSTING COMMUNITY EVENTS DURING NATIONALLY RECOGNIZED COVER THE UNINSURED WEEK, TO RAISE AWARENESS OF FREE OR LOW-COST HEALTH COVERAGE AVAILABLE THROUGH MEDICAID, NJ FAMILY CARE AND STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) AT THE PATIENT LEVEL, EVERY EFFORT IS MADE IN ASSISTING PATIENTS WITH ELIGIBILITY AND ENROLLMENT IN ALL GOVERNMENT FUNDED PROGRAMS, MEDICAID OR MEDICARE, OR NEW JERSEY FAMILY CARE PROGRAM MAYOR'S CAMPAIGNS FOR HEALTHIER VINELAND, MILLVILLE AND BRIDGETON - SEVERAL SJH STAFF ARE ACTIVE COMMITTEE MEMBERS OF THE BRIDGETON, MILLVILLE AND VINELAND MAYOR'S CAMPAIGN FOR A HEALTHIER COMMUNITY IN COLLABORATION WITH SJH, THE LOCAL FEDERALLY QUALIFIED HEALTHCARE CENTER (FQHC), COMMUNITY HEALTHCARE INC (CHCI) AND OTHER COLLABORATIVE PARTNERS, THE COMMITTEES CO-HOST COMMUNITY HEALTH FAIRS, FACILITATE COMMUNITY OUTREACH EVENTS, AND CONNECT THE MEDICALLY DISENFRANCHISED TO THE APPROPRIATE HEALTHCARE AND SOCIAL SERVICE PROVIDERS TO ENCOURAGE UNINSURED RESIDENTS TO ENROLL IN AFFORDABLE HEALTH CARE PROGRAMS THE COMMITTEES ARE DEDICATED TO IMPROVING HEALTH CARE FOR VINELAND, MILLVILLE AND BRIDGETON RESIDENTS BY MAKING RESOURCES AVAILABLE THROUGH INCREASED AWARENESS AND ACCESS HEALTH LITERACY CONFERENCE - HOSTED BY SJH AND PRESENTED BY GARDEN AHEC AND MAYOR'S CAMPAIGN FOR A HEALTHIER VINELAND, THIS WORKSHOP DESIGNED TO MEET THE EDUCATIONAL NEEDS OF HEALTHCARE PROFESSIONALS WORKING WITH THE MINORITY AND UNDERSERVED POPULATIONS, FOCUSED ON CROSS-CULTURAL APPROACHES, LOW LITERACY ON HEALTH AND CULTURAL BARRIERS BETWEEN PATIENT AND PROVIDER TO IMPROVE COMMUNICATION AND OUTCOMES EXTENDED CARE FACILITY CONSORTIUM - IN 2009, A COLLABORATIVE GROUP WAS FORMED BETWEEN THE HOSPITAL AND THE NEIGHBORING EXTENDED CARE FACILITIES THE ROLE FOR THIS GROUP (ECF) IS TO FACILITATE OUTREACH AND PROVIDE INFORMATION, SERVICES, RESOURCES AND A CONTINUUM OF ACCESS TO CARE FOR ELDERLY POPULATIONS WITHIN CUMBERLAND COUNTY SUPPORT SERVICES - STAFF MEMBERS OF SJH'S PATIENT BUSINESS SERVICES DEPARTMENT, IN ADDITION TO PROVIDING FINANCIAL COUNSELING TO INDIVIDUALS, MAKE FREQUENT VISITS TO VARIOUS COMMUNITY GROUPS AND SOCIAL SERVICE AGENCIES, EDUCATING THEM ON THE CHARITY CARE OPTIONS AND FINANCIAL ASSISTANCE PROGRAMS AVAILABLE IN ADDITION TO PROVIDING A SIGNIFICANT LEVEL OF CHARITY CARE, FINANCIAL ASSISTANCE AND LANGUAGE ASSISTANCE SERVICES FOR UNDERSERVED AND VULNERABLE POPULATIONS, SJH PROVIDED MORE THAN \$17,000 FOR DISCHARGE TRANSPORTATION FOR COMMUNITY MEMBERS THAT HAD NO OTHER MEANS OF TRANSPORTATION AND MORE THAN \$16,000 FOR INDIGENT CARE DRUG VOUCHERS FOR MEDICATION FOR DISCHARGED PATIENTS LACKING INSURANCE EFFICIENT AND QUALITY PATIENT CARE - AS THE LEADING COMMUNITY PROVIDER IN SOUTHERN NEW JERSEY, SJH IS HIGHLY REGARDED FOR QUALITY OF CARE AND SERVICE IN ITS REGION CLINICAL QUALITY AND SERVICE EXCELLENCE REMAIN TOP STRATEGIC INITIATIVES TO FURTHER INCREASE THE EFFICIENCY OF PATIENT CARE, SJH HAS BEGUN THE TRANSITION TO ELECTRONIC MEDICAL RECORDS BY MAKING SIGNIFICANT INVESTMENTS TO UPDATE ITS CLINICAL COMPUTER SYSTEMS THE ORGANIZATION WILL EXPAND ITS CORE QUALITY MEASURES BY PARTICIPATING IN SEVERAL REGIONAL AND NATIONAL PERFORMANCE IMPROVEMENT PROGRAMS THAT PROVIDE BENCHMARKING DATA AND TOOLS FOR MEASURING AND REPORTING CLINICAL QUALITY PATIENT SATISFACTION - SJH BEGAN USING A PATIENT SATISFACTION TOOL CALLED THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS SURVEY, OR HCAHPS THIS STANDARDIZED SURVEY MEASURES OUR PATIENTS' PERCEPTIONS ABOUT THEIR HOSPITAL EXPERIENCE AND PROVIDES FEEDBACK ABOUT HOW WE'RE DOING, BOTH GOOD AND BAD, THAT HELPS US TO CONTINUALLY MAKE IMPROVEMENTS AND PROVIDE EVEN BETTER CARE FOR THE COMMUNITY NATIONAL AND REGIONAL INITIATIVES - SJH HAS BEEN AN ACTIVE PARTICIPANT IN NATIONAL AND REGIONAL INITIATIVES, INCLUDING THE FOLLOWING CENTER FOR MEDICARE AND MEDICAID SERVICES - NATIONAL HOSPITAL COMPARE INITIATIVE VHA INC PATIENT QUALITY AND SAFETY INITIATIVES - PARTICIPATES IN MEDICATION RECONCILIATION COLLABORATIVE (RMC &amp; ELMER) - PARTICIPATES IN RAPID RESPONSE TEAM COLLABORATIVE (RMC &amp; ELMER) - PARTICIPATES IN TRANSFORMATION OF THE ICU (TICU) (RMC &amp; ELMER) INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI) - MEMBER OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT 100,000 LIVES CAMPAIGN (RMC &amp; ELMER) - MEMBER OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT 5 MILLION LIVES FROM HARM CAMPAIGN (RMC &amp; ELMER) NEW JERSEY HOSPITAL ASSOCIATION INITIATIVES - PARTICIPANTS IN THE NJHA PRESSURE ULCER COLLABORATIVE (RMC) - PARTICIPANTS IN THE NJHA RAPID RESPONSE TEAMS COLLABORATIVE (RMC) COMMUNITY HEALTH IMPROVEMENT ADVOCACY - SJH EMPLOYEES, FROM STAFF TO CEO, SERVE ON GOVERNMENT ADVISORY COMMITTEES AND BOARDS FOR NATIONAL, STATE AND LOCAL ORGANIZATIONS TO ADVOCATE FOR HEALTHCARE REFORM, BRING ABOUT CHANGES IN REGULATORY REQUIREMENTS, IMPROVE ACCESS TO HEALTHCARE AND PROMOTE THE HEALTH STATUS FOR BOTH THE BROADER COMMUNITY AND VULNERABLE POPULATIONS THROUGH HOSPITAL REPRESENTATION TO ORGANIZATIONS SUCH AS - AMERICAN HOSPITAL ASSOCIATION (AHA) REGIONAL POLICY BOARD FOR NJ, NY, PA - VOLUNTEERS HOSPITAL OF AMERICA (VHA) BOARD OF TRUSTEES - NJ HOSPITAL ASSOCIATION (NJHA) BOARD - NJ HOSPITAL ASSOCIATION (NJHA) NURSING CONSTITUENCY GROUP - NJ HOSPITAL ASSOCIATION (NJHA) EMERGENCY PREPAREDNESS CONSTITUENCY GROUP - NJ ASSOCIATION OF MENTAL HEALTH AGENCIES (NAMHA)GRASSROOTS ADVOCACY - NJ DIVISION OF MENTAL HEALTH SERVICES (NJDMHS) ACUTE CARE TASK FORCE LEGISLATIVE COMMITTEE - NJ DIVISION OF MENTAL HEALTH SERVICES (NJDMHS) SOUTHERN NJ REGIONAL MENTAL HEALTH SYSTEMS REVIEW BOARD - HOME CARE ASSOC OF NJ BOARD &amp; LEGISLATIVE COMMITTEE - VINELAND CHAMBER GOVERNMENT RELATIONS LEGISLATIVE COMMITTEE - SALEM CHAMBER GOVERNMENT RELATIONS LEGISLATIVE COMMITTEE - SALEM INTER-AGENCY COORDINATING COUNCIL - HUMAN SERVICES ADVISORY COUNCIL - CUMBERLAND INTER-AGENCY COORDINATING COUNCIL - TRI-COUNTY INTER-AGENCY COORDINATING COUNCIL - SOUTHERN REGION CHILDRENS COORDINATING COUNCIL COMMUNITY SERVICE AND COMMUNITY BUILDING PROGRAMS</p> <p>===== SJH IS MUCH MORE THAN A HEALTHCARE SYSTEM, IT IS A COMMUNITY PARTNER DEDICATED TO IMPROVING COMMUNITY HEALTH AND COLLABORATING WITH OTHER COMMUNITY PARTNERS ON HEALTH INITIATIVES AND COALITIONS THAT ADDRESS THE HEALTH PRIORITIES OF THE COMMUNITIES IT SERVES OUR PARTNERSHIP LEVERAGES THE STRENGTHS OF MULTIPLE COMMUNITY ORGANIZATIONS WHILE ENCOURAGING COMMUNITY-WIDE COLLABORATIVE EFFORTS TO BENEFIT THE COMMUNITY SJH CANCER SERVICES - SJH FRANK AND EDITH SCARPA CANCER CENTER OFFERS A NUMBER OF OUTREACH SERVICES WHICH PROVIDE COUNSELING AND EDUCATION IN THE COMMUNITY AMONG THOSE SERVICES, SJH OFFERS FREE CANCER SUPPORT AND EDUCATION THROUGH THE BREAST CANCER BRIDGE PROGRAM AND MEN'S CANCER COORDINATOR, PATIENT NAVIGATORS WHO SERVE AS HEALTH CARE ADVOCATES HELPING PATIENTS NAVIGATE THROUGH THEIR CANCER JOURNEYS</p>



Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>A NEWLY FORMED CANCER SURVIVORSHIP COMMITTEE ASSISTS WITH SUPPORT AND FOLLOW UP OF PEOPLE WHO HAVE COMPLETED CANCER TREATMENT AND ARE LOOKING AHEAD TO YEARS OF SURVIVORSHIP SJH HAS A CANCER RESOURCE LIBRARY AT ELMER AND RMC FOR PUBLIC AND PROFESSIONAL USE, INCLUDING INTERNET AND AUDIO/VISUAL EDUCATION MATERIALS AS A FOX CHASE CANCER CENTER PARTNER, SJH PROVIDES LEADING-EDGE CANCER CARE THROUGH NATIONAL CLINICAL TRIALS, WHICH STUDY NEW CANCER TREATMENT, DIAGNOSTIC AND PREVENTION METHODS WHEN FOX CHASE OPENS PROTOCOLS FOR NEW CANCER CLINICAL TRIALS, SJH EARNS THE DISTINCTION OF RECRUITING THE MOST PATIENTS, PROVIDING LOCAL ACCESS TO THE LATEST STRATEGIES AGAINST CANCER NJ CEED - SJH IS CUMBERLAND COUNTY'S LEAD AGENCY FOR THE NEW JERSEY CANCER EDUCATION AND EARLY DETECTION PROGRAM (NJCEED), WHICH PROVIDES COMPREHENSIVE CANCER OUTREACH, EDUCATION AND FREE SCREENINGS TO UNDERSERVED AND UNINSURED RESIDENTS WHO MIGHT OTHERWISE NOT HAVE ACCESS TO THESE IMPORTANT DIAGNOSTIC SCREENING SERVICES IN 2009, MORE THAN 1,300 BREAST, CERVICAL, COLORECTAL AND PROSTATE SCREENINGS WERE PROVIDED THROUGH THE GRANT DIGITAL MAMMOGRAPHY - ELMER HOSPITAL HAS MADE INROADS INCREASING SALEM COUNTY RESIDENTS' ACCESS TO DIGITAL MAMMOGRAPHY , TARGETING YOUNGER WOMEN WHO HAVE A FAMILY HISTORY OF BREAST CANCER AND AFRICAN AMERICAN WOMEN OVER THE AGE OF 50 THROUGH A GRANT FROM THE SALEM HEALTH AND WELLNESS FOUNDATION,A PLANNED INTENSIVE OUTREACH WITHIN THE COUNTY WILL BOTH EDUCATE WOMEN AND REACH THE HEALTH UNDERSERVED POPULATION WHO WOULD NOT OTHERWISE UTILIZE THIS PREVENTIVE SCREENING TOOL UNTIL THEIR CANCER WAS AT A LATER STAGE SJH CREATED AN EDUCATIONAL DVD CALLED 'TWO GOOD REASONS FOR A MAMMOGRAM, A MOTHER AND SON'S STORY' TO REINFORCE THE NOTION THAT PREVENTATIVE CARE AND A WOMAN'S HEALTH DIRECTLY AFFECT HER FAMILY BARBERSHOP INITIATIVE - TO INCREASE AWARENESS OF PROSTATE CANCER AND TREATMENT OPTIONS, SJH INVITED ALL BARBERS IN THE REGION TO ATTEND A FREE INFORMATIONAL BREAKFAST SESSION ABOUT THE "GOING TO THE BARBER SHOP TO FIGHT CANCER" HEALTH AWARENESS CAMPAIGN SJH HOSTED THE EVENT TO RECRUIT AND TRAIN LOCAL BARBERS FROM MINORITY COMMUNITIES TO EDUCATE BARBERS ABOUT THE IMPORTANCE OF EARLY SCREENING FOR PROSTATE CANCER SO THEY CAN IN TURN URGE THEIR CUSTOMERS TO TAKE ADVANTAGE OF FREE SCREENINGS FOR EARLY DISEASE DETECTION CHECK IT OUT PROGRAM - SJH AND THE BAT AMI CHAPTER OF HADASSAH TEAMED UP TO EDUCATE HIGH SCHOOL SENIORS IN CUMBERLAND COUNTY ABOUT BREAST AND TESTICULAR CANCER AWARENESS AND SELF EXAMINATIONS THROUGH THE CHECK IT OUT PROGRAM OFFERED AT LOCAL HIGH SCHOOLS DURING SPRING AND FALL TEEN PREGNANCY PREVENTION INITIATIVE - WITH CUMBERLAND COUNTY TEEN PREGNANCY RATES OF 18 PERCENT (THREE TIMES HIGHER THAN THE STATE AVERAGE OF SIX PERCENT) A COLLABORATIVE PARTNERSHIP WAS FORMED WITH SJH, COMMUNITY HEALTH CARE INC (CHCI) AND THE COUNTY FREEHOLDERS TO COMBAT HIGH RATES OF TEENAGE PREGNANCY AND SEXUALLY TRANSMITTED DISEASES THROUGH AN INITIATIVE CALLED SAFE (SEXUAL ACCOUNTABILITY FOR EVERYONE) SAFE, IS THE EDUCATIONAL COMPONENT OF CHCI'S PLAN TO BRING NURSE PRACTITIONERS INTO COUNTY MIDDLE AND HIGH SCHOOLS AND EXPAND SCHOOL-BASED SERVICES TO INCLUDE COMPREHENSIVE HEALTH AND GYNECOLOGICAL SERVICES WITH PARENTAL CONSENT, PEER &amp; ADULT SELF-ESTEEM PROGRAMS, ENCOURAGE RESPONSIBLE SEXUAL BEHAVIOR, ENCOURAGE SOCIAL/ATHLETIC/FAITH-BASED ORGANIZATIONS TO INCREASE EXTRACURRICULAR ACTIVITIES SJH COMMITTED \$150,000 ANNUALLY FOR 3 YRS BEGINNING JAN 2009 TO HELP FUND THE INITIATIVE OPEN ARMS - RECOGNIZING THE INCREASING RATES OF INFANT MORTALITY AMONG HISPANIC AND AFRICAN AMERICAN NEWBORNS, SJH AND COMMUNITY HEALTH CARE INC PARTNERED TO OFFER OPEN ARMS, A PROGRAM PROVIDING COMPREHENSIVE OBSTETRICAL AND PRENATAL CARE TO MEDICALLY UNDERSERVED WOMEN, POOR AND UNINSURED FAMILIES INCLUDING MIGRANT FARM WORKERS IMPACT (INNOVATIVE MODEL FOR PRESCHOOL AND COMMUNITY TEAMING) WAS DEVELOPED THROUGH COLLABORATION BETWEEN SJH AND THE VINELAND BOARD OF EDUCATION TO PROVIDE HEALTH AND SOCIAL SERVICES, CHILDCARE FOR INFANTS AND TODDLERS, PRESCHOOL PROGRAMS AND LITERACY PROGRAMS, TARGETING THE NEEDS OF THE LOW INCOME RESIDENTS IN CUMBERLAND COUNTY AND ADDRESSING ISSUES SUCH AS TEEN PREGNANCY , LITERACY , TEEN PARENTING, CHILD CARE AND EARLY CHILDHOOD EDUCATION EVERY YEAR, THE PROGRAM MAKES A POSITIVE IMPACT IN THE LIVES OF THOUSANDS OF KIDS AND THEIR FAMILIES IMPACT PROVIDES A NUMBER OF EDUCATIONAL OPPORTUNITIES FOR THE COMMUNITY INCLUDING IMPACT TEEN PARENTING PROGRAM PROVIDES PARENTING CLASSES, CHILDCARE SERVICES, PRENATAL CARE, LIFE SKILLS EDUCATION TO TEEN PARENTS IN VINELAND HIGH SCHOOLS ONLY AND PROMOTES LIFELONG LEARNING AND SECOND PREGNANCY PREVENTION IN 2009, 35 TEENS WERE ENROLLED DURING THE SCHOOL YEAR, WITH 35 INFANTS IN CHILD CARE, 85% OF STUDENTS CONTINUE EDUCATION AFTER GRADUATION, ENROLLING IN COLLEGE OR VOCATIONAL SCHOOLS IMPACT SCHOOL BASED YOUTH SERVICES PROGRAM (SBYSP), OFFERS HEALTH SERVICES, TUTORING, COUNSELING, RECREATION AND LIFE SKILLS TRAINING AT THE VINELAND HIGH SCHOOL, VINELAND WALLACE MIDDLE SCHOOL AND MILLVILLE HIGH SCHOOL IMPACT FAMILY OUTREACH PROGRAM IS AN ABBOTT PROGRAM WHICH COORDINATES FAMILY OUTREACH AND SUPPORT TO SOCIAL WORKERS WHO SERVICE ABBOTT PRESCHOOL PROVIDERS IN BRIDGETON, MILLVILLE AND VINELAND IMPACT CHILD CARE PROGRAM IS ACCREDITED BY THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN AND IS OPEN TO CHILDREN FROM 6 WEEKS TO 5 YEARS OLD WITH HEALTH CENTER SERVICES PROVIDED ON SITE CHILD DEVELOPMENT CENTER/FAS PROVIDES EARLY INTERVENTION SERVICES IN THE HOME AND PROVIDES FOR THE EVALUATION AND COUNSELING TO WOMEN AT RISK FOR FETAL ALCOHOL SYNDROME PARENTS HAVE ACCESS TO A MULTIDISCIPLINARY TEAM THAT INCLUDES A PEDIATRIC NEURODEVELOPMENTALIST AND PEDIATRIC NEUROLOGIST TO PROVIDE DEVELOPMENTAL EVALUATIONS FOR CHILDREN FROM BIRTH TO AGE 21 SJH FAMILY SUCCESS CENTER PROVIDES SERVICES AND PROGRAMS THAT CONNECT VINELAND FAMILIES WITH COMMUNITY RESOURCES RANGING FROM HOUSING AND LEGAL ASSISTANCE TO HELP OBTAINING HOUSEHOLD ITEMS AND FOOD THE CENTER FOCUSES ON 10 CORE SERVICES TO STRENGTHEN FAMILIES BY PROVIDING ASSISTANCE WITH OBTAINING HEALTH INSURANCE, SELECTING PHYSICIANS, PROVIDING WORKSHOPS THAT INCREASE POSITIVE INTERACTION BETWEEN PARENTS AND CHILDREN, PROMOTING FAMILY LITERACY , ADDRESSING HEALTH ISSUES AND LEGAL ISSUES SUCH AS IMMIGRATION, AND OTHER TOPICS RELEVANT TO THE COMMUNITY OPENED IN THE FALL OF 2008, THE CENTER NOW PROVIDES SERVICES TO MORE THAN 400 FAMILIES, INCLUDING PARENTS, GRANDPARENTS, FOSTER PARENTS OR GUARDIANS OF CHILDREN THROUGH THE AGE OF 18 WHO RESIDE IN VINELAND STEPS FOR KIDS - STEPS FOR KIDS IS A COLLABORATION BETWEEN SJH AND CUMBERLAND CAPE ATLANTIC YMCA, FUNDED IN PART THROUGH A NJ HEALTH INITIATIVE GRANT FROM ROBERT WOOD JOHNSON FOUNDATION TO REDUCE CHILDHOOD OBESITY IN VINELAND SCHOOLS BY EDUCATING BOYS AND GIRLS AGED 8 TO 12 IDENTIFIED BY SCHOOL NURSES WITH AN ASSESSED BMI LEVEL AT OR ABOVE THE 85TH PERCENTILE WHO ARE AT RISK FOR OBESITY PARENTS AND CHILDREN ATTEND 12-WEEK INTERACTIVE BI-LINGUAL PROGRAM THAT FOCUSES ON BALANCED MEAL PLANS AND SIMPLE EXERCISE TECHNIQUES THAT HELP FAMILIES ACHIEVE HEALTHIER LIFESTYLES MILLVILLE BOARD OF EDUCATION, HOLLY CITY FAMILY CENTER - IN A COLLABORATIVE EFFORT TO SUPPORT THE HOLLY CITY FAMILY CENTER AND TACKLE OBESITY , SJH COMMITTED \$50,000 OVER 2 YEARS TO THE MILLVILLE BOARD OF EDUCATION FOR AN OBESITY PROGRAM THAT INCORPORATES USE OF THE HOLLY CITY FAMILY CENTER AS PART OF THE CURRICULUM MILLVILLE BOARD OF EDUCATION INITIATED 3 PROGRAMS TO TARGET OBESITY AND FOCUS ON WELLNESS GET FIT IN 50 DAYS, DARE 2 BE FIT AND RENAISSANCE PROGRAM IHEALTHY KID AND IHEALTHY FAMILY - TO INCREASE AWARENESS TO PREVENT CHILDHOOD OBESITY IN BRIDGETON COMMUNITIES, AN EDUCATIONAL PROGRAM WAS DEVELOPED BY SJH'S GARDEN AHEC SPECIFICALLY FOR BRIDGETON CHILDREN AND THEIR FAMILIES THE PROGRAM, OFFERED IN ENGLISH AND SPANISH, TEACHES HEALTHY LIVING, HEALTHY FOOD CHOICES, REINFORCING FOOD GROUPS, NUTRITION LABEL READING, INFORMATION ON HEALTH DISEASES ATTRIBUTED TO WEIGHT GAIN, NUTRITION TRACKERS, MASS BODY INDEX AND PHYSICAL ACTIVITY A COLLABORATIVE PARTNERSHIP WAS FORMED WITH BOTTINO SHOPRITE, ALLOWING THE IHEALTHY FAMILY CLASSES TO BE HELD RIGHT INSIDE THE SUPERMARKET FURTHER TEACHING PARENTS HOW TO CHOOSE HEALTHY FOODS AND PREPARE NUTRITIOUS MEALS ON A BUDGET</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>CARDIAC CARE AND HEART FAILURE PROGRAMS - SJH WAS ONE OF 10 HOSPITALS FROM ACROSS THE STATE OF NJ CHOSEN BY ROBERT WOOD JOHNSON FOUNDATION TO PARTICIPATE IN THE TWO-YEAR STATEWIDE INITIATIVE CARDIAC EXCELLENCE PROGRAM TO IMPROVE CARDIAC CARE WITH A FOCUS ON AFRICAN AMERICANS AND LATINO POPULATIONS IN NJ, DEVELOP EFFECTIVE STRATEGIES AND MODELS FOR IMPROVING THE QUALITY OF CARDIAC CARE AND INCREASE HEART CARE AWARENESS THROUGH COMMUNITY EDUCATION AS A RESULT OF THIS INITIATIVE, SJH NOW OFFERS ITS HEART FAILURE AND TEL-ASSURANCE HOME MONITORING PROGRAM WHERE HEART FAILURE PATIENTS CAN EASILY REPORT BASIC SYMPTOMS TO HOSPITAL STAFF DAILY FROM THE COMFORT OF THEIR OWN HOME ADDITIONALLY, A THERAPY DOG, ACCOMPANIED BY A NURSE, WALKS WITH HEART FAILURE PATIENTS IN THE HOSPITAL, MOTIVATING THEM TO TAKE MORE STEPS AND FURTHER IMPROVING THEIR RECOVERY AND OUTCOMES SJH WOMEN'S HEALTH INSTITUTE - WHEN IT COMES TO QUALITY CARE FOR OUR FAMILIES, IT IS OFTEN WOMEN WHO HELP THEIR LOVED ONES FIND THAT CARE THEY NEED TO STAY HEALTHY THAT'S WHY SJH DEVELOPED THE WOMEN'S HEALTH INSTITUTE - TO KEEP WOMEN HEALTHY AS THEY CARE FOR OTHERS HUNDREDS OF LOCAL WOMEN RECEIVED FREE SCREENINGS AND HEALTH EDUCATION AT OUR WOMEN'S HEALTH EDUCATION DAY AND THE HEART HEALTH CONFERENCE SJH SPIRIT OF WOMEN - RECOGNIZING THE UNIQUENESS OF WOMEN AND THE INFLUENCE THEY HOLD OVER THE HEALTH OF THEIR FAMILIES, IN 2009 SJH LAUNCHED THE SJH SPIRIT OF WOMEN PROGRAM, PART OF A NATIONAL MOVEMENT FOR WOMEN'S WELLNESS TO PROMOTE HEALTH AND MOTIVATE WOMEN TO MAKE POSITIVE CHANGES IN THEIR LIVES SJH CAMPUS-WIDE SMOKING BAN - BEGINNING ON JANUARY 2008, ALL OF SOUTH JERSEY HEALTHCARE'S BUILDINGS, GROUNDS AND PARKING LOTS BECAME NON-SMOKING AREAS THE TOBACCO-FREE POLICY, PART OF THE NJ TOBACCO-FREE HOSPITAL CAMPUS COLLABORATIVE, IS IN STEP WITH THE HEALTH SYSTEM'S MISSION TO CONTRIBUTE TO THE HEALTH AND WELL BEING OF PATIENTS, EMPLOYEES AND EVERY ONE IN THE SURROUNDING COMMUNITIES EMERGENCY PREPAREDNESS - SJH PLANS FOR CATASTROPHIC EMERGENCIES DISASTER READINESS ABOVE AND BEYOND LICENSURE REQUIREMENTS, INCLUDING AN INTERNAL FORMALIZED HOSPITAL EMERGENCY RESPONSE/DECON TEAM WHERE DEDICATED STAFF UNDERGO EXTENSIVE QUARTERLY DECONTAMINATION TRAINING AND THE ADDITION OF A NEW DECONTAMINATION ROOM AS PART OF THE ELMER ER EXPANSION SJH PARTNERS WITH OFFICES OF EMERGENCY MANAGEMENT, LOCAL POLICE AND OTHER RELATED AGENCIES TO COORDINATE COMMUNITY-WIDE MASS CASUALTY DRILLS AND PARTICIPATES IN STATE SPONSORED DISASTER PLANNING DRILLS TO REHEARSE HEALTHCARE PREPAREDNESS FOR MASS CASUALTY DISASTERS AND PUBLIC HEALTH EMERGENCIES THE SIGNIFICANT INMATE POPULATION OF 8,000 HOUSED IN ONE FEDERAL PENITENTIARY AND THREE STATE CORRECTIONAL FACILITIES IN CUMBERLAND COUNTY IS A MAJOR SECURITY CONCERN DURING DISASTER TO ADDRESS THIS CONCERN, THE HOSPITAL HAS TAKEN THE LEAD ROLE IN SPEARHEADING A PRISON MASS CASUALTY INCIDENT TABLE TOP EXERCISE WITH COMMUNITY AGENCIES TO DISCUSS SECURITY ISSUES SURROUNDING AN INFLUX OF INMATES AND TO ADDRESS THE SAFETY AND WELL BEING OF THE FACILITY AND THE COMMUNITY DURING VARIOUS TYPES OF DISASTER SCENARIOS JAIL DIVERSION TASK FORCE - SJH TOOK THE LEAD ROLE IN FORMING THE JAIL DIVERSION TASK FORCE TO DE-ESCALATE MENTAL HEALTH CRISIS SITUATIONS THE COALITION, WHICH PARTNERS LOCAL LAW ENFORCEMENT AND VARIOUS COUNTY RESOURCES, IS WORKING TOGETHER TO PROVIDE A MECHANISM FOR LAW ENFORCEMENT TO DIVERT PATIENTS OUT OF THE CRIMINAL JUSTICE SYSTEM AND ARRANGE FOR THE PERSON TO RECEIVE EVALUATION AND TREATMENT IN THE MENTAL HEALTH SCREENING CENTER EMPLOYER FORUM - SJH OCCUPATIONAL HEALTH DEVELOPED THIS QUARTERLY FORUM TO ADDRESS, TARGET AND DISCUSS MEDICAL ISSUES, EMPLOYEE HEALTH, SAFETY AND WELLNESS OF WORKFORCE POPULATIONS WITH EMPLOYERS THROUGHOUT CUMBERLAND COUNTY LEADERSHIP DEVELOPMENT - SJH IS AN ACTIVE PARTNER IN LEADERSHIP CUMBERLAND COUNTY, A LOCAL COALITION WHICH ACQUAINTS PARTICIPANTS WITH A BROAD UNDERSTANDING OF PUBLIC PROBLEMS, THE WORKINGS OF STATE AND LOCAL GOVERNMENT, THE CIVIC CHALLENGES FACING ALL OF US AND THE ROLE THE COMMUNITY PLAYS IN SOLVING PROBLEMS ITS OBJECTIVE IS TO REPLENISH THE SUPPLY OF LEADERSHIP WITH LEADERS WHO ARE INFORMED, SKILLED AND CAPABLE OF UNDERSTANDING COMMUNITY PROBLEMS AND ENCOURAGE THE DEVELOPMENT OF PRIDE IN CUMBERLAND COUNTY ECONOMIC DEVELOPMENT - THE IMPACT OUR TROUBLED ECONOMY HAS ON HEALTH CARE EXTENDS BEYOND THE HOSPITAL TO THE WELL-BEING OF OUR NEIGHBORS TO HELP ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SUCH AS POVERTY, HOMELESSNESS AND UNEMPLOYMENT AND TO TAKE AN ACTIVE ROLE IN THE REGIONAL ECONOMY AND BUSINESS OUTLOOK, THE HOSPITAL OFFERS THE EXPERTISE AND RESOURCES OF ITS HEALTHCARE EMPLOYEES AS ACTIVE BOARD MEMBERS AND PARTICIPANTS IN SUCH COMMUNITY ORGANIZATIONS AS THE BRIDGETON CHAMBER, MILLVILLE CHAMBER, SALEM CHAMBER AND VINELAND CHAMBER OF COMMERCE, AS PANELISTS AT THE CUMBERLAND COUNTY ECONOMIC FORUMS AND AS PARTICIPANTS IN THE TRI-COUNTY POVERTY SYMPOSIUM TO HELP DEVELOP GOALS, STRATEGIES, DISCUSS SOLUTIONS TO LOCAL AND INTER-CONNECTED POVERTY ISSUES ADDITIONALLY, SJH OFFERS ITS EXPERTISE FOR THE COMMUNITY JUSTICE PROGRAM THROUGH THE CUMBERLAND COUNTY PROSECUTORS OFFICE TO ASSIST IN STRATEGIZING PROGRAMS WITH LAW ENFORCEMENT TO EDUCATE PARENTS, TEACHERS AND BUSINESSES ON GANG AWARENESS AND GANG ACTIVITIES WHICH ARE AN INCREASINGLY PREVALENT COMMUNITY PROBLEM COMMUNITY INVOLVEMENT - ADDITIONALLY, SJH EMPLOYEES, FROM STAFF TO CEO, PARTICIPATE ON THE BOARDS OF A VARIETY OF ORGANIZATIONS WHOSE FOCUS IS NOT ONLY OF THE HEALTH NEEDS OF THE COMMUNITY, BUT ON THE OVERALL NEEDS OF THE COMMUNITY ORGANIZATIONS INCLUDE - OSTEOPATHIC MEDICINE COMMUNITY ADVISORY BOARD - CEZ 21ST CENTURY COMMUNITY LEARNING CENTERS - MAYOR'S CAMPAIGN FOR HEALTHIER BRIDGETON - MAYOR'S CAMPAIGN FOR HEALTHIER VINELAND - MAYOR'S CAMPAIGN FOR HEALTHIER MILLVILLE - FOOD BANK OF SOUTH JERSEY - ELMER ROTARY CLUB - BRIDGETON ROTARY CLUB - VINELAND ROTARY - LEADERSHIP CUMBERLAND COUNTY - CUMBERLAND COUNTY BAR ASSOCIATION - BRIDGETON HIGH SCHOOL FOUNDATION, INC - BRIDGETON CHAMBER OF COMMERCE - MILLVILLE CHAMBER OF COMMERCE - SALEM CHAMBER OF COMMERCE - BRIDGETON MAIN STREET - MINISTERIAL FELLOWSHIPS OF BRIDGETON, MILLVILLE AND VINELAND - FEDERAL CORRECTIONS INSTITUTE COMMUNITY RELATIONS BOARD - CUMBERLAND COUNTY PROSECUTORS OFFICE COMMUNITY JUSTICE PROGRAM - UNITED WAY OF CUMBERLAND COUNTY - AMERICAN RED CROSS SOUTH SHORE CHAPTER CHARITABLE ORGANIZATIONS - SUPPORTING THE CHARITABLE ORGANIZATIONS IN OUR COMMUNITY IS ALSO AN IMPORTANT PART OF OUR COMMUNITY BENEFIT PROGRAM OUR EMPLOYEES HAVE REPEATEDLY SHOWN THEIR GENEROSITY BY SUPPORTING DOZENS OF IMPORTANT CAUSES THAT MAKE A DIFFERENCE IN THE LIVES OF OUR NEIGHBORS THE FUNDRAISING CAMPAIGNS AND EVENTS WHICH HAVE BEEN SPEARHEADED BY OUR STAFF HAVE PROVIDED THOUSANDS OF DOLLARS TO ORGANIZATIONS SUCH AS THE AMERICAN HEART ASSOCIATION, AMERICAN RED CROSS, AMERICAN CANCER SOCIETY AND MARCH OF DIMES OUR STAFF HAS ALSO GIVEN GENEROUSLY DURING OUR EMPLOYEE CAMPAIGN FOR THE UNITED WAY OF GREATER CUMBERLAND COUNTY, WHICH SUPPORTS NUMEROUS CHARITABLE ORGANIZATIONS IN AND AROUND THE COUNTY VOLUNTEER PROGRAM - WHETHER GREETING VISITORS AT THE FRONT DESK OR COMFORTING PATIENTS AT THE BEDSIDES, VOLUNTEERS PLAY AN IMPORTANT ROLE IN SJH'S TRADITION OF COMPASSIONATE CARE OUR SUCCESSFUL VOLUNTEER PROGRAM CONSISTS OF ADULTS AND TEENS WITH AGE RANGES FROM 14 TO 96 WHO PROVIDE ASSISTANCE IN A VAST ARRAY OF AREAS SUCH AS ACCOUNTING, EDUCATION, PUBLIC RELATIONS, LAUNDRY, ER, SURGICAL SERVICES, PEDIATRICS, NURSING AND MORE IN 2009, MORE THAN 660 DEDICATED AND GENEROUS VOLUNTEERS DONATED MORE THAN 61,000 HOURS OF SERVICE THROUGHOUT THE HEALTH SYSTEM</p>

DISCLOSURE INFORMATION CORE FORM, PART VI, SECTION A, QUESTION 1 AND SCHEDULE L, PART IV THE ORGANIZATION IS A TAX-EXEMPT AFFILIATE IN SOUTH JERSEY HEALTH SYSTEM, INC ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM FOR THE PERIOD JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 AND DURING THE ORDINARY COURSE OF BUSINESS, THE ORGANIZATION MAY ENGAGE IN ONE OR MORE TRANSACTIONS WITH COMPANIES THAT (1) ARE OWNED BY AN INDIVIDUAL WHO IS A MEMBER OF THE BOARD OF TRUSTEES OF THIS ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION, (2) ARE OWNED BY A FAMILY MEMBER OF AN INDIVIDUAL WHO IS A MEMBER OF THE BOARD OF TRUSTEES OF THIS ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION, OR (3) WHEREIN A BOARD MEMBER OF THIS ORGANIZATION OR A FAMILY MEMBER OF A BOARD MEMBER OF THIS ORGANIZATION IS EITHER AN OFFICER, DIRECTOR, TRUSTEE OR KEY EMPLOYEE OF THE COMPANY WITH WHICH THIS ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION TRANSACTS BUSINESS IN THESE SITUATIONS, ANY GOODS PURCHASED OR SERVICES PERFORMED ARE DONE AT FAIR MARKET VALUE RATES PURSUANT TO ARMS LENGTH NEGOTIATIONS ANY SUCH TRANSACTIONS ARE DISCLOSED TO, REVIEWED AND APPROVED BY THE FULL BOARD OF TRUSTEES THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE AND USES REASONABLE EFFORTS TO OBTAIN THIS INFORMATION FROM THE MEMBERS OF ITS BOARD OF TRUSTEES THE ORGANIZATION FOLLOWS A FORMALIZED BID PROCESS WHEREIN ALL TRANSACTIONS OF THIS NATURE ARE SENT OUT TO BID IF IT IS DETERMINED THAT THE ORGANIZATION WILL ENTER INTO A TRANSACTION IDENTIFIED ABOVE, IT IS SENT TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND APPROVAL THE INTERESTED PERSON IN THESE CASES RECUSES THEMSELVES FROM THE VOTING PROCESS THIS RECUSAL PROCESS IS OUTLINED IN THE ORGANIZATION'S WRITTEN CONFLICT OF INTEREST POLICY WHICH ALL BOARD MEMBERS AND SENIOR MANAGEMENT REVIEW ANNUALLY DURING 2009 THE ORGANIZATION OR A RELATED NOT-FOR-PROFIT ORGANIZATION ENGAGED IN THE FOLLOWING PAYMENT BY SOUTH JERSEY HEALTH SYSTEM FOUNDATION, INC IN THE AMOUNT OF \$33,911 TO MORGAN STANLEY FOR INVESTMENT MANAGEMENT SERVICES JOHN B WHITEWAY IS A BOARD MEMBER OF SOUTH JERSEY HEALTH SYSTEM, INC AND AN EMPLOYEE AT MORGAN STANLEY SYSTEM ENTITIES HAVE BORROWED FUNDS FROM SUN NATIONAL BANK AS FOLLOWS - SOUTH JERSEY HOSPITAL, INC UEZ LOAN WITH PRINCIPAL BALANCE OF \$581,693 AT DECEMBER 31, 2009 - HOMECARE AND HOSPICECARE OF SOUTH JERSEY, INC MORTGAGE WITH A PRINCIPAL BALANCE OF \$1,897,456 AT DECEMBER 31, 2009 - HOMECARE AND HOSPICECARE OF SOUTH JERSEY, INC AUTO LOAN WITH A PRINCIPAL BALANCE OF \$1,839 AT DECEMBER 31, 2009 PETER GALETTO, JR IS A BOARD MEMBER OF SUN NATIONAL BANK AND A SOUTH JERSEY HEALTH SYSTEM, INC BOARD MEMBER IN ADDITION, RUSSELL GILLESPIE IS EMPLOYED BY SUN NATIONAL BANK AND IS A BOARD MEMBER OF SOUTH JERSEY HEALTH SYSTEM, INC PAYMENT BY SOUTH JERSEY HEALTH SYSTEM, INC AND AFFILIATES IN THE AMOUNT OF \$48,871 TO THE CAPE ATLANTIC YMCA FOR CERTAIN PUBLIC HEALTH INITIATIVES MR GALETTO IS A BOARD MEMBER OF CAPE ATLANTIC YMCA AND A BOARD MEMBER OF SOUTH JERSEY HEALTH SYSTEM, INC STANKER AND GALETTO LEASES LAND FROM SOUTH JERSEY HEALTH SYSTEM, INC AND AFFILIATES THE SYSTEM WAS REIMBURSED \$34,180 FOR THE USE OF THIS LAND IN 2009 MR GALETTO IS AN OWNER OF STANKER AND GALETTO, INC AND A SOUTH JERSEY HEALTH SYSTEM, INC BOARD MEMBER SOUTH JERSEY HOSPITAL, INC PAID STANKER AND GALETTO \$4,637,605 DURING 2009 FOR RENOVATIONS AND CONSTRUCTION OF THE ONCOLOGY CENTER MR GALETTO IS AN OWNER OF STANKER AND GALETTO, INC AND A SOUTH JERSEY HEALTH SYSTEM, INC BOARD MEMBER SOUTH JERSEY HOSPITAL, INC RENTS OFFICE SPACE AT THE ELMER MEDICAL OFFICE BUILDING FROM GALETTO REALTY COMPANY TOTAL PAYMENTS TO GALETTO REALTY COMPANY AMOUNTED TO \$85,738 DURING 2009 MR GALETTO IS AN OWNER OF GALETTO REALTY COMPANY AND A SOUTH JERSEY HEALTH SYSTEM, INC BOARD MEMBER PAYMENT BY SOUTH JERSEY HOSPITAL, INC IN THE AMOUNT OF \$316,345 TO TRI-MARK CONSTRUCTION FOR CONSTRUCTION SERVICES DURING 2009 MR GALETTO HAS AN OWNERSHIP INTEREST IN TRI-MARK CONSTRUCTION AND IS A SOUTH JERSEY HEALTH SYSTEM, INC BOARD MEMBER PAYMENT BY SOUTH JERSEY HOSPITAL, INC IN THE AMOUNT OF \$10,600 TO DAVID GALETTO, M D FOR PHYSICIAN SERVICES DAVID GALETTO, M D IS THE COUSIN OF PETER GALETTO, JR PAYMENT BY SOUTH JERSEY HOSPITAL, INC IN THE AMOUNT OF \$175,621 TO PERFORMANCE MARKETING FOR MARKETING SERVICES DURING 2009 MICHAEL M ROSSI, III'S SPOUSE IS AN EMPLOYEE OF PERFORMANCE MARKETING MR ROSSI IS A BOARD MEMBER OF SOUTH JERSEY HEALTH SYSTEM, INC PLEASE NOTE THAT THIS TRANSACTION IS ALSO DISCLOSED ON SCHEDULE L OF THE SOUTH JERSEY HOSPITAL, INC FORM 990 EDGAR HATHAWAY, ESQ HAS A SISTER THAT IS EMPLOYED BY SOUTH JERSEY HOSPITAL, INC AS A UNIT CLERK FOR WHICH SHE RECEIVED FORM W-2, BOX 5 WAGES IN THE AMOUNT OF \$11,027 DURING 2009 MR HATHAWAY IS A BOARD MEMBER OF SOUTH JERSEY HEALTH SYSTEM, INC

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 2	RUSSELL GILLESPIE AND PETER GALETTO, JR - BUSINESS RELATIONSHIP



DISCLOSURE INFORMATION CORE FORM, PART VI, SECTION B, QUESTION 11A THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF SOUTH JERSEY HEALTH SYSTEM, INC AND AFFILIATES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE ORGANIZATION'S FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") IN ADDITION, EACH MEMBER OF THE SOUTH JERSEY HEALTH SYSTEM, INC COMPENSATION COMMITTEE REVIEWED THIS ORGANIZATION'S FORM 990 PRIOR TO FILING WITH THE IRS THE SOUTH JERSEY HEALTH SYSTEM INC COMPENSATION COMMITTEE HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR ALL TAX-EXEMPT AFFILIATES OF THE SYSTEM AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND SYSTEM INDIVIDUALS INCLUDING IN HOUSE COUNSEL, VICE-PRESIDENT OF FINANCE, DIRECTOR OF INTERNAL AUDIT AND VARIOUS OTHER INDIVIDUALS TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE SOUTH JERSEY HEALTH SYSTEM, INC COMPENSATION COMMITTEE AND THEREAFTER TO EACH MEMBER OF ITS BOARD OF TRUSTEES DISCLOSURE INFORMATION CORE FORM, PART VI, SECTION B, QUESTION 12 THE ORGANIZATION IS THE PARENT ENTITY IN THE SOUTH JERSEY HEALTH SYSTEM ("SYSTEM") THE ORGANIZATION AND THE SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION AND THE GENERAL COUNSEL FOR REVIEW THEREAFTER THE GENERAL COUNSEL PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS THEREAFTER, THE GENERAL COUNSEL OF THE ORGANIZATION PRESENTS THIS SUMMARY TO THE ORGANIZATION'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION DISCLOSURE INFORMATION CORE FORM, PART VI, SECTION B, QUESTION 15 THE ORGANIZATION IS AN AFFILIATE IN A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION RATHER, KEY SENIOR MANAGEMENT PERSONNEL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER IS EMPLOYED BY THE TAX-EXEMPT HOSPITAL WITHIN THE HEALTHCARE SYSTEM HOWEVER, THE COMPENSATION AND BENEFITS OF THIS INDIVIDUAL IS SHOWN ON THIS TAX RETURN BECAUSE HE IS ALSO A BOARD MEMBER OF THIS ORGANIZATION ACCORDINGLY, THE HOSPITAL'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE HOSPITAL'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE HOSPITAL TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER DISCLOSURE INFORMATION CORE FORM, PART VI, SECTION C, QUESTION 19 THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY SECRETARY OF STATE COMPENSATION INFORMATION DISCLOSURE CORE FORM, PART VII AND SCHEDULE J PART VII AND SCHEDULE J REFLECT AN INDIVIDUAL RECEIVING COMPENSATION AND BENEFITS FROM A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS A FULL-TIME EMPLOYEE OF THE RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES AUDITED FINANCIAL STATEMENTS CORE FORM, PART XI, QUESTION 2 THE TAXPAYER IS THE PARENT ENTITY IN A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM A BIG FOUR INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2009 AND DECEMBER 31, 2008, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE TAXPAYER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR TRANSACTIONS WITH RELATED ORGANIZATIONS SCHEDULE R, PART V, QUESTION 2 AFFILIATES ARE GENERALLY CHARGED COST FOR SERVICES RENDERED



Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
BPOC LP											
333 IRVING AVENUE BRIDGETON, NJ08302 22-2956029	REAL ESTATE	NJ									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HELP SERVICES OF SOUTH JERSEY INC PO BOX 126 SALEM, NJ08079 22-2823028	HEALTHCARE SVCS	NJ	N/A	C CORP			
JERSEY HEALTH MANAGEMENT INC 333 IRVING AVENUE BRIDGETON, NJ08302 22-2502241	HEALTHCARE SVCS	NJ	SJHS INC	C CORP			
PHYSICIANS OF SOUTHERN NEW JERSEY PC 2950 COLLEGE DRIVE SUITE 1E VINELAND, NJ08360 20-5745047	HEALTHCARE SVCS	NJ	SJHS INC	C CORP			

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	SOUTH JERSEY HOSPITAL INC	E	197,000
(2)	SOUTH JERSEY HOSPITAL INC	I	198,317
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Form

4797

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2009

Attachment Sequence No 27

Department of the Treasury

Internal Revenue Service (99)

Name(s) shown on return

SOUTH JERSEY HEALTH SYSTEM INC

Identifying number

22-2508425

1

Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2							
3	Gain, if any, from Form 4684, line 43 . . . . .						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						5
6	Gain, if any, from line 32, from other than casualty or theft . . . . .						6
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows . . . . .						7
	<b>Partnerships (except electing large partnerships) and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below						
	<b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below						
8	Nonrecaptured net section 1231 losses from prior years (see instructions) . . . . .						8
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) . . . . .						9

Part II

Ordinary Gains and Losses (see instructions)

10

Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

NEWCOMB HOSPITAL	01-01-2008	12-31-2009	5,000,000	5,006,013	6,013
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11	Loss, if any, from line 7 . . . . .	11	( )
12	Gain, if any, from line 7, or amount from line 8, if applicable . . . . .	12	
13	Gain, if any, from line 31 . . . . .	13	
14	Net gain or (loss) from Form 4684, lines 35 and 42a . . . . .	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .	16	
17	Combine lines 10 through 16 . . . . .	17	-6,013
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below		
a	If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions . . . . .	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14 . . . . .	18b	

Part IIIGain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

(see instructions)

19

(a) Description of section 1245, 1250, 1252, 1254, or 1255 property

(b) Date acquired

(mo , day, yr )

(c) Date sold

(mo , day, yr )

A

B

C

D

These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing )	20			
21	Cost or other basis plus expense of sale . . .	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis Subtract line 22 from line 21 .	23			
24	Total gain Subtract line 23 from line 20 . .	24			
25	If section 1245 property:				
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a . . . .	25b			
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291				
a	Additional depreciation after 1975 (see instructions) . .	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) . . . .	26b			
c	Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e . . . . .	26c			
d	Additional depreciation after 1969 and before 1976 . .	26d			
e	Enter the smaller of line 26c or 26d . . . .	26e			
f	Sections 291 amount (corporations only) . .	26f			
g	Add lines 26b, 26e, and 26f . . . . .	26g			
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)				
a	Soil, water, and land clearing expenses . .	27a			
b	Line 27a multiplied by applicable percentage (see instructions) .	27b			
c	Enter the smaller of line 24 or 27b . . . . .	27c			
28	If section 1254 property:				
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) . . . . .	28a			
b	Enter the smaller of line 24 or 28a . . . . .	28b			
29	If section 1255 property:				
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b	Enter the smaller of line 24 or 29a (see instructions)	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.					
30	Total gains for all properties Add property columns A through D, line 24 . . . . .	30			
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31			
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 37 Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32			

Part IVRecapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . .	33	
34	Recomputed depreciation (see instructions) . . . . .	34	
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . .	35	

Additional Data

Software ID:

Software Version:

EIN: 22-2508425

Name: SOUTH JERSEY HEALTH SYSTEM INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
UTILITIES	144,261	129,835	14,426	
REAL ESTATE TAX	109,263	98,337	10,926	
ADMINISTRATION ALLOCATION	43,260	38,934	4,326	
OUTSIDE SERVICES	11,033	9,930	1,103	
EQUIPMENT REPAIR	8,321	7,489	832	



Additional Data

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Software Version:

EIN: 22-2508425

Name: SOUTH JERSEY HEALTH SYSTEM INC

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENTS IN SUBSIDIARIES	1,180,859	F
LIMITED USE	0	F
LIMITED USE	3,758,063	F
LIMITED USE	2,590,541	F
LIMITED USE	528,518	F
LIMITED USE	1,611,043	F
USE	19,091,365	F
INVESTMENT IN PARTNERSHIP	14,787	F
ASSETS HELD FOR SALE	0	F